

Board of Directors (in Public)

Subject: LHCH Monthly Staffing for Reporting Period for November & December 2021
Date of meeting: 25th January 2022
Prepared by: Julie Roy, Head of Nursing & Quality for Medicine
 Fiona Altintas, Head of Nursing & Quality for Surgery
 Kirsty Dudley, Critical Care Manager,
Presented by: Sue Pemberton, Executive Director of Nursing, Quality & Safety
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 1	To provide assurance of safe nurse staffing

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

At Liverpool Heart & Chest Hospital, we aim to provide excellent, efficient safe care for our patients and populations every day and our nursing staffing levels are continually assessed to ensure that we achieve this. This continues to be a particularly challenging period for all staff working with reduced staffing levels at times. The Trust has experienced an increase in staff absence during the covid pandemic, which has contributed to increased staffing pressures, experienced across the NHS. Significant effort continues in the recruitment of staff, including successful participation in a Pan-Mersey international recruitment project and further international recruitment through a Cheshire collaborative. Staffing levels are reviewed regularly throughout every day, with senior nurse oversight to ensure safe care is maintained.

2. Background

In line with the recommendations detailed in 'Hard Truths – The Journey to Putting Patients First' (Department of Health, 2014), LHCH publishes staffing levels monthly on the Trust's internet and to UNIFY.

The National Quality Board (NQB) publication Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable, and productive staffing

(2016) outlines the expectations and framework within which decisions on safe and sustainable staffing should be made to support the delivery of safe, effective, caring, responsive and well-led care on a sustainable basis. It builds on National Institute for Health and Care Excellence (NICE) guidelines on safe staffing for nursing in adult inpatient wards and is informed by NICE's comprehensive evidence reviews of research, and subsequent evidence reviews focusing specifically on staffing levels and outcomes, flexible staffing, and shift work.

The purpose of this report is to provide detail of the care hours per patient day (CHPPD) delivered to inpatient areas in LHCH. It will also detail, exceptions to planned staffing levels for the months of November & December 2021 and the impact on nurse sensitive indicators. This report details planned and actual nurse staffing levels for the months of November & December 2021, including any red flag concerns.

3.1. Vacancy Data

All RN vacancies across the Trust are reviewed regularly by the Director of Nursing with the senior nursing team. The Trust's recruitment lead within HR continues to work closely with the senior nursing team, to ensure oversight of all Trust vacancies and recruitment progress against each. This information is validated by the senior nursing team to ensure accurate vacancy reporting data. There are currently 40 band 5 RN vacancies with 9 students due to start in April 2022 and a further 22 in the recruitment pipeline, in addition to the international nurses detailed below.

Table 1-Vacancy data November & December 2021 (all bands)

	November		December	
Unit	RN	HCA	RN	HCA
Acute Cardiac Unit	3.02	-2.71	3.88	-1.66
Birch Ward	8.37	-0.16	2.37	-0.16
Cath Lab	0.81	0	0.81	0
Cedar Ward	1.48	0.05	1.48	0.05
Cherry Ward	2.3	-0.8	0.3	-0.8
Holly Suite	4.21	0	1.21	-2
Maple Suite	5.57	0.2	5.57	0.2
Oak Ward	1.28	0.15	1.28	0.15
Outpatients	0.69	0	0.69	0
Rowan Suite	2.64	-0.61	2.64	-0.61
SICU Clinical Roster	18.66	3.43	18.66	3.43
Theatres	11.7	0.05	11.7	0.05
Grand Total	60.73	-0.4	50.59	-1.35

The first cohorts of international RNs (22) have successfully completed their OSCE training and all passed the OSCE exam and are now registered with the NMC. These staff are now working in band 5 positions and have proved invaluable support to the clinical teams. A further 6 nurses are due to take their OSCE exam in January 2022. Through the Pan-Mersey collaborative 22 nurses have arrived during December and will commence their OSCE training in January 2022 with an exam date in March.

The first cohort of nurses via the Cheshire International Recruitment Collaborative (CIRC) have arrived at LHCH and these nurses are currently in their supernumerary period in the clinical areas. A further 10 nurses via CIRC are due to take their OSCE exam in January and will then join the Trust.

Considering the current rate of band 5 turnover and the information regarding recruitment challenges nationally, a proposal for further international recruitment to take place in 2022 has been approved and initial international recruitment plans are under way with NHS Professionals. A significant proportion of the international nurses already recruited have critical care skills, and the critical care manager is developing a plan to ensure that they can rotate into the unit to maintain their clinical skills and to be ready to support the area if necessary in the future.

Due to the current high prevalence of covid, a planned face to face recruitment event at LHCH has been converted to a virtual event, with 50 applicants booked in for a virtual information session and Trust overview and also interviews via TEAMS. This is planned for January 2022.

3.2 Sickness Absence

During November & December 2021, clinical areas continued to experience sickness absence, with a significant increase in covid related sickness absence during December, and this is detailed in the table below.

Table 2- sickness absence data

	NOVEMBER 2021		DECEMBER 2021	
Unit	RN WTE	HCA WTE	RN WTE	HCA WTE
Acute Cardiac Unit	3.76	1.00	5.85	1.38
Birch Ward	1.84	2.19	3.16	3.23
Cath Lab	4.30	0.05	3.34	
Cedar Ward	2.91	3.37	3.04	6.10
Cherry Ward	0.23	0.82	0.59	1.09
Holly Suite	2.01	0.69	3.02	0.95
Maple Suite	0.76	1.04	1.61	2.63
Oak Ward	0.87	1.89	1.28	2.78
Outpatients	0.60	0.92	0.78	0.88
Rowan Suite	1.20	1.55	0.17	1.96
SICU Clinical Roster	13.56	2.64	18.16	3.16
Theatres	9.78	1.10	7.45	0.97
Total WTE Unavailable	41.82	17.26	48.45	25.14

There is a Trust focus on sickness absence management, with support for staff in terms of wellbeing conversations with line managers and additional provision, to support mental health wellbeing, across the Trust. Divisional leads are working closely with HR business partners and managers to review all sickness absence and several long-term sickness cases have resulted in support to return to work. The Trust continues to follow national guidance in relation to covid isolation and contact testing to support staff back into work. The number of covid positive staff significantly increased at the end of December, in line with the latest community surge.

3.3. Temporary Staffing

The temporary staffing team are actively recruiting to the LHCH nurse bank to support during this time. Agency staffing has been utilised during November & December 2021 within critical care and cath lab recovery when required, to cover unfilled vacancies.

3.4. Exceptions

All planned staffing for nursing in LHCH is assessed as required for the ward to run at full capacity, if capacity is reduced then the planned staffing changes accordingly.

In November 2021:

- There were no red flags on Cedar, Rowan, and Maple wards. There was one staffing related incident reported for a night shift on Cedar ward. The shift had an appropriate number of staff but an increased number of confused patients requiring enhanced observation. Support was provided via the hospital coordinator.
- Oak ward reported 1 red flag shift in November. No patient safety incidents or harm were reported, however there was a report that some patient medications were delayed. Advanced Nurse Practitioner support was present on the ward.
- There were no red flags reported on ACU, Birch and Cherry wards in November 2021 and no staffing related incidents were reported via the datix system for these areas.

In December 2021:

- There were no red flags on Cedar, Rowan, Oak and Maple wards and no staffing related incidents were reported.
- There were no red flags reported on ACU, Birch and Cherry wards in December 2021.
- One staffing related incident was reported for Birch ward on a night shift, where there was shortage of HCAs to support the ward and to provide support to confused patients, with enhanced care needs. This was a challenging shift but no patient safety incidents were reported.
- There was one staffing related incident reported on ACU, however staffing levels were appropriate, one patient had complex needs and required a lot of nursing support.
- Acute Cardiac Unit (ACU) has a significantly reduced number of RN vacancies however, the unit has experienced high sickness levels and skill mix remains a challenge. The divisional matron works closely with the ward team to ensure appropriate levels of coronary care trained staff are available for each shift, working flexibly across the 2 areas of ACU and POCCU3 (CCU) and working through a staffing plan to ensure planned levels of staffing are achieved.
- There is ongoing pressure within the anaesthetic nursing/ OPD team across both Cath lab and theatres, which is being managed utilising temporary staffing, ensuring cross-divisional flexibility and with a longer-term plan to merge the two teams planned for April 2022.

4. Summary

This continues to be a particularly challenging period for all staff working with reduced staffing levels at times. The Trust has experienced an increase in staff absence during the covid pandemic which has contributed to increased staffing pressures, experienced across the NHS. As reported by the Institute for Public Policy Research (IPPR, 2021) 29% of nurses and midwives report that they are more likely to leave the sector than 1 year ago, and as such retention of current staff and recruitment of future staff remains a Trust priority.

Recent national press coverage has highlighted a national nursing 'crisis', impacted particularly by a significant reduction in recruitment from Europe. LHCH is experiencing significant nurse staffing challenges but has taken robust action to avert a staffing crisis. A successful international recruitment programme is supporting plans to stabilise the staffing position across the clinical areas.

Executive approval has been received to appoint a nursing recruitment lead, for a period of 12 months to support the Head of Nursing staffing lead & HR team with nursing recruitment and retention plans, and to support the international nursing recruitment process.

Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This has unfortunately resulted in an increasing number of staff moves to manage risk

and to provide additional support for areas where acuity of patients is higher, and it is recognised that this is having a negative impact on staff morale at times. The ward manager weekend rota continues with a ward manager working each weekend to support the hospital co-ordinator, in ensuring safe staffing across all areas and keeping in close contact with the duty on-call manager for the Trust.

5. Recommendations

The Board of Directors are asked to:

- Receive assurance related to nurse staffing for in-patient wards, as per national directives, noting actions being taken to ensure patient safety and quality of care are maintained.
- Receive assurance that staffing is appropriate and is flexed according to patient need and patient safety risk assessments, following escalation processes.
- Receive monthly reports of staffing at all planned Board meetings.
- Receive the 'care hours per patient day' (CHPPD) data.
- Receive assurance that the review of ward establishments and models of care for each inpatient area has been completed and is being reviewed in 2022, in accordance with covid recovery and escalation plans.
- Receive assurance that a robust recruitment plan continues, including an extended overseas recruitment plan.
- Receive assurance that revised models of nursing care, utilising Registered Nursing Associates and apprentices continue to be implemented.
- Receive assurance that alternative temporary staffing options are being explored.
- Receive assurance that staffing escalation plans are in place to be enacted when significant staffing pressures are seen during the covid pandemic.

Appendix 1

Introduction to Care Hours per patient Day (CHPPD)

One of the obstacles to eliminating unwarranted variation in nursing and care staff deployment across the NHS provider sector has been the absence of a single means of recording and reporting deployment. Conventional units of measurement that have been developed previously have informed the evidence base for staffing models, – such as reporting staff complements using WTEs, skill-mix or patient to staff ratios at a point in time, but it is recognised by Nurse leaders may not reflect varying staff allocation across the day or include the wider multidisciplinary team. Also, because of the different ways of recording this data, no consistent way of interpreting productivity and efficiency is straightforward nor comparable between organisations.

To provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units we developed, tested, and adopted Care Hours per Patient Day (CHPPD).

- CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight)
- CHPPD reports split out registered nurses, registered & unregistered nurse associates and healthcare support workers to ensure skill mix and care needs are met. (The system calculates this automatically)

CHPPD for November 2021

	Care Hours Per Patient Day (CHPPD)							Day				Night				
	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate – Registered Nurses/Midwives (%)	Average fill rate – Non-registered Nurses/Midwives (care staff) (%)	Average fill rate – Registered Nursing Associates (%)	Average fill rate – Non-Registered Nursing Associates (%)	Average fill rate – Registered Nurses/Midwives (%)	Average fill rate – Non-registered Nurses/Midwives (care staff) (%)	Average fill rate – Registered Nursing Associates (%)	Average fill rate – Non-Registered Nursing Associates (%)	
	8.8	3.6	0.1	0.3	0.0	0.0	12.8	94%	101%	68%	87%	94%	99%	–	–	
	BIRCH	3.9	2.9	0.2	0.2	0.0	0.0	7.2	32%	104%	60%	67%	34%	87%	-	-
	ACU	6.5	3.1	0.0	0.0	0.0	0.0	3.6	32%	81%	-	-	33%	35%	-	-
	CHERRY	6.1	3.0	0.0	0.5	0.0	0.0	3.6	38%	30%	-	-	83%	33%	-	-
	CRITICAL CARE	26.0	3.3	0.0	0.0	0.0	0.0	23.8	39%	86%	-	-	100%	100%	-	-
	OAK	4.2	4.3	0.0	0.8	0.0	0.0	3.3	33%	104%	-	113%	73%	105%	-	-
	CEDAR	4.7	4.3	0.0	0.2	0.0	0.0	3.2	83%	105%	-	37%	84%	111%	-	-
	MAPLE	3.9	3.2	0.6	0.4	0.0	0.0	8.1	73%	148%	77%	30%	82%	87%	-	-
ROWAN	5.1	3.6	0.0	0.1	0.0	0.0	8.8	73%	117%	-	-	82%	87%	-	-	
CCU	13.1	3.7	0.0	0.5	0.0	0.0	17.2	35%	113%	-	-	103%	107%	-	-	

CHPPD for December 2021

	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate – Registered Nurses/Midwives (%)	Average fill rate – Non-registered Nurses/Midwives (care staff) (%)	Average fill rate – Registered Nursing Associates (%)	Average fill rate – Non-Registered Nursing Associates (%)	Average fill rate – Registered Nurses/Midwives (%)	Average fill rate – Non-registered Nurses/Midwives (care staff) (%)	Average fill rate – Registered Nursing Associates (%)	Average fill rate – Non-Registered Nursing Associates (%)
	9.2	3.7	0.1	0.3	0.0	0.0	13.2	93%	98%	69%	127%	96%	80%	-	-
BIRCH	4.0	3.1	0.3	0.2	0.0	0.0	7.7	82%	111%	97%	65%	100%	73%	-	-
ACU	6.3	3.1	0.0	0.0	0.0	0.0	9.4	85%	80%	-	-	108%	77%	-	-
CHERRY	6.4	3.1	0.0	0.3	0.0	0.0	9.7	90%	90%	-	-	87%	77%	-	-
CRITICAL CARE	28.8	4.1	0.0	0.0	0.0	0.0	33.0	103%	98%	-	-	103%	70%	-	-
OAK	3.9	4.0	0.0	1.0	0.0	0.0	8.8	66%	97%	-	-	75%	94%	-	-
CEDAR	5.1	4.4	0.0	0.3	0.0	0.0	9.8	84%	94%	-	65%	85%	105%	-	-
MAPLE	4.6	2.3	0.4	0.3	0.0	0.0	7.6	84%	131%	42%	39%	73%	-	-	-
ROWAN	6.1	3.8	0.0	0.2	0.0	0.0	10.1	87%	104%	-	-	64%	90%	-	-
CCU	13.6	4.2	0.0	0.6	0.0	0.0	24.4	117%	115%	-	-	102%	52%	-	-